



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT - FOOD PROTECTION
129 PLEASANT STREET, CONCORD, NH 03301
603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: foodprotection@dhhs.state.nh.us

APPLICATION FOR ANNUAL MOBILE FOOD UNIT LICENSE

NOTE: See Reverse for Instructions.

RS-405263

¹Full Legal Name of Corporation, LLC or Owner(s) _____
²Name of Establishment _____
³Location (Street) _____ (Town, State) _____ (Zip) _____
⁴Mailing Address (if different) _____ (Town, State) _____ (Zip) _____
⁵Telephone # of Establishment (____) _____ ⁶Emergency Contact Telephone # (____) _____
⁷Email Address _____

⁸Name of Person in Charge at Establishment _____

⁹Schedule of Operation _____

¹⁰Type of Ownership

- ☐ Sole Proprietorship ☐ Corporation
☐ Joint Venture ☐ Limited Liability
☐ Partnership ☐ Other (Specify) _____

¹¹Type of License

- ☐ New Establishment
☐ Change in License Class
☐ Change of Ownership

¹²Town Water

Yes or No

¹²Town Wastewater

Yes or No

¹³Public Water System/(EPA) _____

¹⁴Cook Unit

units which cook/prepare food
or distribute refrigerated food

☐ Class D (\$225)

¹⁴Home Delivery

packaged or frozen food

☐ Class F (\$150)

¹⁴Pushcart & Other Mobile Food Units

including but not limited to those serving packaged
foods & non-TCS foods only

☐ Class F (\$150)

***Submit all supporting documentation. Incomplete applications will be returned.**

| | | |
|--|--|--|
| <input type="checkbox"/> ¹⁵ New-(Class D only): Floor Plan (see form # PRAPP 07-01-15) and \$75.00 review fee. | | |
| <input type="checkbox"/> ¹⁵ New and Renewal: Written results of laboratory analysis of water for bacteria, nitrates and nitrites. (n/a if Town Water or Public Water System). | | |
| <input type="checkbox"/> ¹⁵ Servicing area: If using a servicing area, please provide a copy of the food license for the servicing area. | | |
| <input type="checkbox"/> ¹⁵ Copy of full menu to be served. | | |
| <input type="checkbox"/> ¹⁵ Projected route. _____ | | |

Registration(s)

Vehicle/Trailer Make _____ Model _____ VIN _____
Year of Manufacture _____ Color _____ State MV Registration _____
Vehicle/Trailer Make _____ Model _____ VIN _____
Year of Manufacture _____ Color _____ State MV Registration _____

I, (print name & title)^{16,17} _____, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section with regard to any changes, corrections or updates to the information provided.

SIGNATURE OF APPLICANT: ¹⁸ _____ DATE OF APPLICATION: ¹⁹ _____

-----DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY-----

Date Received _____ License Fee Invoice # _____ Plan Review Fee Invoice# _____

INSTRUCTIONS FOR COMPLETING
APPLICATION FOR MOBILE FOOD UNIT LICENSE

Please fill in all blanks, if not applicable enter “NA”, except steps 13 and 14 (leave blank if not known).

1. **Full Legal Name of Corporation or Owner** - provide the full legal name of the corporation or owner(s) of the establishment.
2. **Name of Establishment** - provide the full name of the establishment.
3. **Location** - provide location of establishment to include street number, street name, city/town, state, and zip code.
4. **Mailing Address** - provide mailing address if different than establishment location.
5. **Telephone # of Establishment** - provide the on-site telephone number for the establishment.
6. **Emergency Contact Telephone Number** - provide telephone number for individual who should be contacted in an emergency.
7. **Email Address** – provide Email address.
8. **Name of Person in Charge at Establishment** - provide the name of the individual who is in charge at the establishment.
9. **Schedule of Operation**-provide hours, days, and weeks per year this establishment will operate.
10. **Type of Ownership** - check the appropriate ownership type of the establishment, if other please specify.
11. **Type of License** - check the appropriate license type that you are applying for.
12. **Town Water/Town Wastewater** - circle “Yes” if establishment has town water or wastewater, “No” if it does not. If “No” refer to water and wastewater requirements document.
13. **Public Water System/(EPA) Number** – water results sampling number, if applicable.
14. **Class of License** - check highest class and class category. Example; ☒ Class D-units which cook/prepare food.
15. **Requirements** – check each item applicable and submit supporting documentation.
16. **Printed Name** - print full name of establishment’s legal owner signing application or officer of legal owner who applies for the license.
17. **Title** - provide title of establishment’s applicant.
18. **Signature** - provide original signature of establishment’s applicant.
19. **Date** - provide current date.

Please note, there are fifteen Self-Inspecting Cities/Towns in the state of NH, in which case you will need to contact directly for licensing if operating in those areas. They are: Bedford, Berlin, Claremont, Concord, Derry, Dover, Exeter, Keene, Manchester, Merrimack, Nashua, Plaistow, Portsmouth, Rochester and Salem. For contact information, please refer to www.dhhs.nh.gov.

SUBMITTING YOUR APPLICATION

1. Payment shall be made in the form of a check or money order, payable to “Treasurer, State of New Hampshire”, and must accompany application. Payments are non-refundable and non-transferable.
2. Incomplete or illegible applications or applications not accompanied by payment, water test results, product list, or any other applicable attachments, will be returned. Completed application(s) should be forwarded to the Bureau of Finance/Receipts Unit-Food Protection, 129 Pleasant St, Concord, NH 03301.
3. **For “Change in License Class, New or Change of Ownership” applications. Thirty (30) days after forwarding this application with all the required applicable paperwork to the Food Protection Section, call (603) 271-4589 to leave a message for your inspector to arrange for an inspection of your facility. (Please allow seven (7) business days notice for inspection appointment)**

For additional information or for further assistance, please contact the NH Department of Health and Human Services, Division of Public Health Services, Food Protection Section at (603) 271-4589 or foodprotection@dhhs.state.nh.us.